

Exhibit "H"

1. LCS Inmate Grievance
2. LCS Administration Record
3. LCS Sick-call Sheet

SOUTH LOUISIANA CORRECTIONAL CENTER

INMATE GRIEVANCE

Is this an emergency grievance? Yes _____ No VINMATE'S NAME Debra Clackler LOCATION Tiger 4 Bed 6Time & Date of Incident: 8:30 2-11-05 Location of incident: _____Name & Location of Witnesses: Contacted Michelle Dugas (nurse)Name of Personnel Involved: Lt. Bell

Summary of Complaint: I am having intense pain in my left side, especially after eating. At times, I am having a grass-green gel-like substance passing in my bowel movement. My bowels are locking up on me. Soreness and swelling in left side and upper abdomen.

Specific Relief Desired: Would like to see an outside doctor to find out what the problem is and receive treatment.

Today's Date: 2-11-05 Inmate's Signature Debra Clackler

Grievance #: 05-077Date Rec'd: FEB 22 2005Type: 100Screened by: WARDEN VIATOR

Policy/Procedure Challenged? Yes _____ No _____

Hold pending decision in grievance # _____

Accepted and Referred to _____

X ~~Rejected~~ Returned for the following reason: If you have a Medical Concern- You need to fill out a Sick Call Request- Not a Grievance.

Date: FEB 22 2005Warden or Designee Signature: WARDEN VIATOR

RESPONSE TO GRIEVANCE

(1ST Step- Respondent reply and return to Warden as quickly as possible, but no later than 15 days from date you receive.)

Date You Received: 2-25-05

Grievance: _____ Founded ☒ _____ Unfounded

Response: Please read enclosed notes on the numerous times that I have
signed up, and the response I received from medical. I still
haven't seen an outside doctor or received the proper
treatment.

Action Taken/Recommended (if founded): _____

Disposition of Recommendation (if applicable): _____

Today's Date: 2-25-05

1st Step Respondent Signature: Debra Clackler

Instructions to Inmate: If you are not satisfied with this response, you may proceed to step Two by checking below and forwarding to the Warden within five (5) days of your receipt of this response.

☒ I am not satisfied with this response and wish to proceed to Step Two.

Today's Date: 2-25-05

Inmate's Signature: Debra Clackler

Grievance

Grievance

H-1A

- 11-2-04 Saw the doctor - He diagnosed the mass on my left side as a lipoma and said that it needed to be removed. He said that I needed surgery as soon as possible, because the lipoma was a fatty tumor which would continue to grow and choke or block my organs.
- 11-25-04 I signed up for healthcare and went to screening. Nurse Michelle Dugas told me that my name was on the referral list to see an outside doctor.
- 1-23-05 Signed up for healthcare. Constipation and pain in left side and abdomen. Asked Nurse Jimmy to check on my medical appointment to see an outside doctor.
- 1-26-05 Bowels were blocked and I was in pain. Lt Bell talked to a nurse and got a saline enema for me. My bowels gradually began to move again.
- 2-6-05 Constipation and pain and swelling in left side and upper abdomen. Then on 2-7-05, I began having diarrhea. On 2-8-05, the diarrhea began to slow down, and I started passing a grass-green, gel-like substance. I was screened on 2-9-05. Nurse Michelle put my name on the doctor's list. Saw Dr. Tasson on 2-11-05. Was told that they could not do anything for me, because Alabama would not allow them to do surgery. He prescribed Tagmet, Dicolax, and Colace. Told me that I would be transported back to Alabama, and that they were aware of my problem. (Head nurse)
- 2-11-05 Filled out medical grievance. I am having intense pain in my left

side, especially after eating. At times, I am having a grass-green, gel-like substance passing in my bowel movement. My bowels are locking up on me. Soreness and swelling in left side and upper abdomen. Was in pain all night and could not rest. After eating a small amount at lunch, I was in intense pain. Around 2:30 P.M. on 2-12-05, I notified Officer Goutreau. Officer Goutreau contacted medical. The nurse on duty refused to come and said that there wasn't anything she could do for me.

H-2

LCS MEDICATION ADMINISTRATION RECORD

FACILITY: South Louisiana Correctional Center

MONTH: JUNE

YEAR: 2004

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL	MONTH: JUN YEAR: 2004																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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RECEIVED
APR 27 2005

ALLERGIES: DC - Discontinue

R - Refused

NS - No Show

C - Count

D - Other

Codeine

11.80.54

Location: 100

NAME: Cocker, Debra

H-3

... SERVICES, INC.
SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET
FACILITY: SLCC

NAME: Debra Clackler

DOC# 1159516 / 11-26-54 DOB: Tiger 3 Bed in

SICK CALL: ☒ EMERGENCY: ☐ ACCIDENT: ☐ FIGHT: ☐ USE OF FORCE: ☐ OTHER: ☐

DATE OF INCIDENT: 11-11-04 TIME: PLACE:

COMPLAINT: I can't rest at night due to pain in my left side, could you please give me something to help me rest?

FINDINGS:

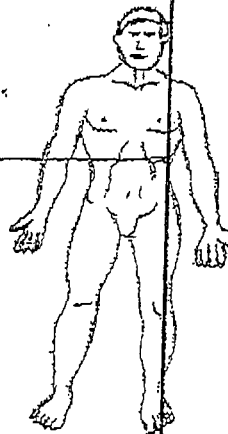
S: I'm refused all pills

Illustrate on the diagram(s) the position or place of injury, if any:

O: Dr. rounds

A:

P:



NAME OF M.D. NOTIFIED, IF NECESSARY:

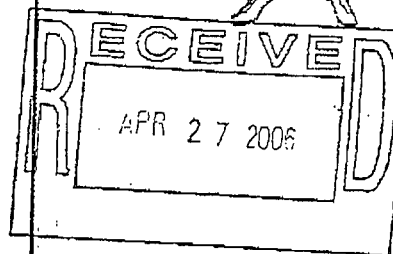
D. NOTIFICATION DATE: & TIME: (IF APPLICABLE)

MEDICAL ACCESS FEE: \$ 5.00

SCRIPTIONS: ☒ \$ 4.00

HER:

TOTAL \$



UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. 8-06-001, I WILL BE CHARGED \$5.00 FOR EACH SELF-INITIATED VISIT FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND \$4.00 FOR EACH NEW PRESCRIBED WRITTEN AND ISSUED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE MYSELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

TE'S SIGNATURE

DATE

MEDICAL SIGNATURE